

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form
(CRF)?:: No

Number of copies of CRF::

Title:: USE OF BUPROPION FOR TREATING RESTLESS LEGS
SYNDROME

Attorney Docket Number:: 00671.US1

Request for Early
Publication?:: No

Request for
Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Applicant Information

| | |
|---|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | David |
| Middle Name:: | W. |
| Family Name:: | Robertson |
| Name Suffix:: | |
| City of Residence:: | Ann Arbor |
| State or Province of Residence:: | Michigan |
| Country of Residence:: | USA |
| Street of mailing address:: | P.O. Box 131159 |
| City of mailing address:: | Ann Arbor |
| State or Province of mailing address:: | Michigan |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 48113-1159 |
| Applicant Authority Type:: | |
| Primary Citizenship Country:: | |
| Status:: | |
| Given Name:: | |
| Middle Name:: | |
| Family Name:: | |
| Name Suffix:: | |
| City of Residence:: | |
| State or Province of Residence:: | |
| Country of Residence:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |

Correspondence Information

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